



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	FELICIA M SPICER			License Number	DCFH.57654	Date of Inspection	11/20/2024
				Expiration Date	5/31/2026	Time of Inspection	09:16 AM
Address	310 PHOENIXVILLE RD CHAPLIN CT 06235-2418			Telephone	(860) 707-4971	Regular Capacity	6
				Days and Hours	M-F 7:30 AM -5:00 PM	School Age Capacity	3
# Children Present	6	# Under 18 months present	2			Summer Care	Open
Purpose of Inspection	Follow-up for Weapons			Name of Inspector	Carmen Valenzuela		
Provider's Email	feplusthree@gmail.com			Inspector's Email	carmen.valenzuela@ct.gov		

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(e)]		Description: 038-Weapons	
In compliance at the time of this visit.			
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?		
DISCUSSIONS/COMMENTS			
IMPORTANT NOTES			
- It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater. - Items left blank on this form were not monitored during this visit. Only the regulations marked as compliant or non-compliant were monitored or discussed. - APPLICANTS –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.			
 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Carmen Valenzuela (Printed Name)	Jenny Ferreira (Printed Name)		FELICIA M SPICER (Printed Name)